

STATE OF NEVADA
RESIGNATION FROM STATE SERVICE

NAME: _____ **EMPLOYEE ID# (SSN):** _____

AGENCY: _____ **HOME ORG:** _____

You are hereby advised that in accordance with NRS 284.381, you may not revoke this resignation regardless of the effective date set forth if three or more working days have elapsed since your written resignation is accepted by your appointing authority unless your appointing authority approves the revocation.

I, _____ will terminate my employment with the State of Nevada on

Name

Date

Employee Signature

Submission Date

Acknowledgment of Resignation:

Appointing Authority or Designee – Acceptance of Resignation

Date

Time

COMMENTS: (Additional comments may be made on an addendum or the reverse side of this document.)

Form #NPD-45

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